

**U.S. Dept. of Transportation**  
**Alcohol Testing Form**

(The instructions for completing this form are on  
the back of Copy 3.)

**KROLL**

1111 Newton Street  
Gretna, LA 70053  
800-433-3823

54319172

SPECIMEN ID

LAB NUMBER

► **Step 1: To be completed by Alcohol Technician**

**A. Employee Name** (Last Name, First Name)

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**B. SSN or Employee ID No.**

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**C. Employer Name & Address**

**Facility No.**

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**D. Reason for Test**

☐ Random ☐ Reasonable Susp. ☐ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment

**E. Collection Site Name & Address**

**Collection Site No.**

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DEPARTMENT NAME / DOT

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE #

FAX #

► **Step 2: To be completed by Employee/Donor**

I certify that I am about to submit to alcohol testing required by U.S. Dept. of Transportation regulations and that the identifying information provided on this form is true and correct.

Employee/Donor Signature

Date

(month/day/year)

► **Step 3: To be completed by Alcohol Technician**

If the Technician conducting the screening test is not the same technician who will be conducting the confirmation test, each Technician must complete their own form.

I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the U.S. Dept. of Transportation regulation 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

Technician: ☐ BAT ☐ STT Device: ☐ Saliva ☐ Breath 15-Minute Wait: ☐ Yes ☐ No

Result: ☐ Negative ☐ Positive

Test Results: Results MUST be affixed to each copy of this form or printed directly onto the form.

Alcohol Technician Name

Alcohol Technician Phone No.

Alcohol Technician Signature

Date

(month/day/year)

► **Step 4: To be completed by Employee/Donor if Test Result is 0.02 or higher**

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because of the results are 0.02 or greater.

Employee/Donor Signature

Date

(month/day/year)

Affix or  
Print  
Screening Results  
Here.

Affix with  
Tamper Evident Tape.

Affix or  
Print  
Confirmation Results  
Here.

Affix with  
Tamper Evident Tape.

Affix or  
Print  
Additional Results (e.g.  
Calibration Check) Here.

Affix with Tamper Evident  
Tape.

**Screening Test:**

For Breath Device: write in the space below ONLY if the testing device is NOT designed to print.

Test No.:

Testing Device:

Serial # or  
Lot # & Exp. Date:

Activation Time:

Reading Time:

Result: